

**LOCAL FIRE INSPECTION AUTHORITY INFORMATION
REQUIRED BY THE DEPARTMENT OF
SOCIAL SERVICES, COMMUNITY CARE LICENSING
DIVISION**

DATE:
APPLICANT NAME:
FACILITY NAME:
FACILITY ADDRESS:

As part of the application process, the licensing agency is responsible for obtaining a fire safety inspection from the local fire inspection authority having jurisdiction in the area where your facility is located.

To help us expedite this process, we are requiring that you identify the local fire inspection authority that is responsible to inspect your facility and issue a fire clearance.

LOCAL FIRE INSPECTION AUTHORITY:

ADDRESS:

CITY AND ZIP CODE:

PLEASE RETURN THIS FORM WITH YOUR COMPLETED APPLICATION